BEEL WAY VOIE COM

09/933,534

Application or Docket Number

すべん こいうこりとす

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

			SMALL ENTITY TYPE			OTHER THAN						
то	TAL CLAIMS		37				ĺ	RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	37, minus 20=		•			X\$ 9=		OR	X\$18=	356
IND	EPENDENT CL	AIMS	ਪ੍ਰ :/ minus 3 =		•			X40=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT						. 0		+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "						olumn 2	1	TOTAL		OR	TOTAL	1016
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))_	SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENTA	.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Toțai	. 35	Minus	3	7	= /	$\rfloor $	X\$ 9=	78.}r	OR	X\$18=	·
	Independent	. 4	Minus	••• 4	7	=/		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	-	OR	+270=	
								TOTAL			TOTAL	<u> </u>
ADDIT. FEE ((Column 1) (Column 2) (Column 3)										, , ,	ADDIT. FEE	· ·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	•	Minus	**		=		X\$ 9=	-	OR	X\$18=	·
ME	Independent	•	Minus	***		=]	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=	
	•							TOTAL		OR	TOTAL	
				40.1	•			ADDIT. FEE		OR	ADDIT. FEE	
Г		(Column 1) CLAIMS	1	(Colu	mn 2) IEST	(Column 3	<u>)</u>		4001			
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=]]	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=]	X40=			X80=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
••	ll the "Highest Nu	mber Previously Pa mber Previously P	aid For IN THI	S SPACE	is less tha	n 20, enter *20		ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		nber Previously Pa						ınd in the app	ropriate box	in col	umn 1.	